



**CITY OF GRAND RAPIDS  
BUSINESS LICENSE APPLICATION**

**TYPE OF BUSINESS LICENSE**

**Valet Parking Special Event Location**

**1. BUSINESS DATA**

Business Name (DBA or other names used): \_\_\_\_\_

Business Location: \_\_\_\_\_  
(Street Number and Name, City, State, Zip Code)

Mailing Address: \_\_\_\_\_  
(P.O. Box or Street Number and Name, City, State, Zip Code)

Business Telephone: \_\_\_\_\_ Business FAX: \_\_\_\_\_

Business E-mail address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Is building owned by applicant? (circle one) YES NO If not, Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact person for Inspection: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check appropriate box(es): ☐ Existing Building ☐ New Construction ☐ Remodel ☐ Change of Use

Present Use of Building (if vacant, what was last use?): \_\_\_\_\_ Proposed Start Date: \_\_\_\_\_

Sales Tax License Number: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Sales Activity (circle one): NONE WHOLESALE RETAIL Do you dispense or sell: liquor \_\_\_\_\_ food \_\_\_\_\_  
yes/no yes/no

**Manager or person principally in charge of operation of business**

Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Individual in charge of Accounting Records (CEO, CFO, CCO)**

Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**2. OWNERSHIP TYPE**

<b><u>Circle One:</u></b>	<b>Individual/Sole Proprietor</b>	<b>Sole Member LLC</b>	<b>Partnership</b>
	<b>Corporation</b>	<b>LLC</b>	<b>Other</b>

**A. Complete this section if you circled Individual/Sole Proprietor or Sole Member LLC.**

Owner's Name: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**B. Complete this section if you circled Partnership, Corporation, LLC or Other.**

Official Corporate Name: \_\_\_\_\_

Corporate Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Michigan Corporate/LLC ID #: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

LLC Qualification Date: \_\_\_\_\_

**List all Owners, Partners or Corporate Officers**

1. Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Name & Title: \_\_\_\_\_

Other Names Used or Aliases: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number and Name, City, State, and Zip Code)

Fax: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Last 4 digits of S.S. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Attach list if there are additional persons.**

**3. I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapter 91 of the Grand Rapids City Code and all applicable City of Grand Rapids licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, ordinances, rules and regulations.**

\_\_\_\_\_  
**Applicant's Printed Name** **Applicant's Title**

\_\_\_\_\_  
**Applicant's Signature** **Date of Birth** **Date**

City Clerk's Office ☐ Approved ☐ Disapproved

\_\_\_\_\_  
**City Clerk or designee** **Date** **Rev 09-09**

**City of Grand Rapids**  
**Business License Application – Part II**



**This form must be submitted with all license applications. Applicants are required to read and initial all sections below.**

Business Name: \_\_\_\_\_

I fully understand and have completed Part I of the application, and have read the appropriate ordinances for the license category I am applying for. I have completed the application myself or with the assistance of an interpreter, if applicable.

Initials\_\_\_\_\_

I understand that all fees are non-refundable and cover the cost of processing the application.

Initials\_\_\_\_\_

I understand the license year applicable to all licenses shall begin on July 1<sup>st</sup> of each year and shall end on June 30<sup>th</sup> of the following year.

Initials\_\_\_\_\_

I understand that licensing fees are not pro-rated for a partial licensing year.

Initials\_\_\_\_\_

I understand that failure to disclose complete and accurate information is falsification of application. This is sufficient cause for immediate denial or revocation of a license.

Initials\_\_\_\_\_

I understand that other departments needing to make a recommendation on my application may require an inspection.

Initials\_\_\_\_\_

I understand the business property must have the proper zoning classification before a license can be issued.

Initials\_\_\_\_\_

I understand that a business license is issued to a specific business at a specific location and cannot be transferred to a new owner or new location.

Initials\_\_\_\_\_

If a license is denied, I understand I must file an appeal in writing to the City Clerk's Office, 300 Monroe Avenue NW, Grand Rapids, MI 49503, within 10 days of notification of the denial.

Initials\_\_\_\_\_

I understand that if I do not renew my license in June, there will be late fees and/or penalties assessed up to and including a civil misdemeanor.

Initials\_\_\_\_\_

I understand that I will not be able to claim 100% Principal Residence Exemption if I am making my home or part of my home available for rental.

Initials \_\_\_\_\_

If an interpreter was used, please provide their name and number below.

\_\_\_\_\_  
Name of interpreter (printed)

\_\_\_\_\_  
phone number



**City of Grand Rapids**  
**Valet Parking Plan – Special Event Location**

Event Title: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Times of Event: \_\_\_\_\_

Estimated Event Attendance: \_\_\_\_\_

Valet Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Location of Valet Station: \_\_\_\_\_

(Brief Description and Address)

Dates of Valet Service: \_\_\_\_\_ Times: \_\_\_\_\_

Number of Valet Attendants: \_\_\_\_\_ Estimate Number of Vehicles: \_\_\_\_\_

Address of Parking Lot to be used: \_\_\_\_\_

Route from Drop-off Location to Parking Lot: \_\_\_\_\_

\_\_\_\_\_

Route from Parking Lot to Pick-up Location: \_\_\_\_\_

\_\_\_\_\_

**Applicants must submit a detailed map of the drop-off/pick-up location and driving routes.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The following affidavit must be signed by a representative of the contracted valet company.**

I hereby affirm that I have reviewed this parking plan and will adhere to the route and locations contained herein. No changes will be made to the approved parking plan without consulting with the Special Event Location license holder to submit a new parking plan to the City Clerk's office. Changes will not be enacted until a new parking plan has been approved by the City.

Valet Representative (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_